Due the 5th	of	EACH	Month
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## MONTHLY VACCINE REPORT FORM

VFC	ID#
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Name of Fa	icility:										_ Pe	rson Filin	g Report:	:			
											_ Re	port for the	ne Month	of:		Year:	
			Z									one:			County:		_
Vaccine	Doses on	Doses Rec.	Doses Lost or	Total Doses	Dose		D	oses A	dminist	ered By	/ Age (Ir	n Years)		Total Each	Total Doses	Doses on Hand	Lot Numbers
	Hand Beg. of Month	During Month	Returned to State	Available		<1	1	2	3-4	5	6-9	10-14	15-18	Row	Each Vaccine	End of Month	and Outdates
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
DTaP			2		1 2 3 4+										Total DTaP ↓		
Hib					1 2 3+				20.88						Total Hib ↓		5
Hib/ Hep B					1 2+										Total ↓		
Нер В					1 2 3+										Total Hep B ∜		
Rotavirus					1 2+										Total Rot ↓	,	
Mening					1+										Tot∜		
HPV					1+										Tot		
DTaP IPV HepB				I F	1 2 3+										Total ↓		

VFC ID#\_\_\_\_\_

Vaccine	Doses	Doses Rec.	Doses Lost or	Total Doses	Dose			Do	ses Adr	ninister	ed By A	Total Each	Total Doses	Doses on Hand	Lot Numbers And		
	Hand Beg. of Month	During Month	Returned to State	Available		<1	1	2	3-4	5	6-9	10-14	15-18	Row Each Vaccine	Each Vaccine	End of Month	And Outdates
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
Hep A					1										Total		
пери		- V- V- V- V- V- V-		COLUMN TO STREET WAY	2+		2-00-00			STATE			THE WATER CO.	THE STREET	Hep A	- A TONE TONE -	
Pneumo					1				23						Total		
Conjugate (PCV7)					2										PCV7 ↓		
(1.001)					3+									-			
					1										Total IPV		
IPV					2										# ↓		
				p/2 15 15 15 15 15 15	3+					SMS IN		See March	LES CHESCH				
MMR					1										MMR ↓		
IVIIVIE					2+												
					1										MMRV ∜		
MMRV					2+												
Vari					1										Var. ↓		
cella					2+										A PERSON NAMED AND ADDRESS.		
(PPV 23)					1+										PPV 23 <sup>↓</sup>		
Flu .25 cc infant				7. 22	1+										Flu↓		
Flu .50 cc					1+										Flu∜		
Td					1+					1					Td↓		
Tdap					1+										Tdap	-	